disease in one instance was severe, and had led to dilatation, in an acute rheumatic diathesis with great intemperance; in five, the inner wall of the vessel was corrugated, but not dilated; three were phthisical; one had alcoholism; one had aortic valve-disease; in 29, the lesion had the form of atheroma, or mere opacity; and of these, 15 were associated with phthisis, and the remainder with renal affections, dysentery, diabetes, scrofula, lupus, and cancer, in nearly equal proportions. The author inferred that the syphilitic virus must be regarded as a very potent cause of the arterial lesion, and its sequel, aneurism; but not as the only one, for the acute rheumatic poison and alcohol must be regarded as minor agencies. The chest-constrictions to which the soldier was liable from accoutrements, pack, etc., acted as fostering influences to the diseased conditions engendered by syphilis, rheumatism, and alcoholism, probably inducing dilatation in the deteriorated vessel, though no such result might ensue under ordinary circumstances, and under such amounts of physical exertion as pertained to the civil portion of the community. With regard to the adoption of preventive measures against aneurism, the author remarked that attention must be primarily directed to the suppression of the causes of the aortic disease, notably syphilis; and, secondarily, against the conditions of dress, etc., which assisted in its development.—*Brit. Med. Journ.*, Nov. 27, 1875.

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32. *Digestive Power of the Gastric Juice in Dyspepsia.*—In a paper bearing the above title, read at the meeting of the German *savants* at Gratz (*Wien. Med. Zeitung*), Prof. LEUBE, of Erlangen, observed that it is well known that, in order to render the process of digestion regular, a certain amount of the two constituents of the gastric juice—hydrochloric acid and pepsin—must be present, dyspepsia resulting where this is not the case. He has convinced himself that, in the majority of cases in which this is produced, a deficiency of the acid is the cause of such disturbance of digestion. A very minute quantity of pepsin will suffice for the digestion of a large amount of albumen, provided a sufficient quantity of acid be present; but for the actual demonstration that the difficiency of the acid is the cause of the difficulty, properly directed experiments have hitherto been wanting. Prof. Leube has, however, contrived a simple procedure for this purpose. Having prevented the person to be experimented upon from eating anything the previous evening, next morning he washes out the empty stomach with some lukewarm water, which is found to be in a clear and neutral condition. About 750 grammes of barley-broth (*Graupensuppe*) are then administered, care being taken that the individual does not masticate, so that no saliva may enter the stomach; and, after ten minutes, this is withdrawn by means of the stomach-pump, filtered, and examined for an acid reaction. The experiment was tried on four persons—one in good health, two dyspeptics, and a drunkard. The degree of acidity was estimated by a solution of soda, thirty parts being required for neutralization in the healthy person, and nearly one-half that quantity in the dyspeptics, the fluid being neutral in the drunkard, who was suffering from chronic stomach disease. Microscopic slices, of exactly the same size, of a hard-boiled egg were introduced into the fluid extracted from the stomach, and artificial digestion set on foot at a temperature of 35° C. In about six hours the slices were entirely dissolved in the fluid derived from the healthy stomach. In one of the dyspeptics the albumen remained quite unchanged at the end of fourteen hours, and was visibly and plainly acted upon only after twenty-four hours. In the drunkard no influence was recognizable at the end of three days. In all these instances the addition of small quantities of the acid greatly expedited digestion, though in very different degrees.

The conclusion to be drawn is, that in cases of disturbed digestion the mucous membrane of the stomach secretes less acid than in health, and that the digestive powers of the organ can be strengthened by administering this substance. As an example of what may be done in this way, there may be mentioned the case of a patient suffering from dilatation of the stomach, in whom the contents of the organ removed by the pump every evening always exhibited flesh-food eaten seven hours previously in an undigested condition. When, however, eight drops of acid were given in a glass of water two hours after eating, very little food was found to be undigested in the evening; and when a second dose of eight drops of the acid was given two hours after the first, complete digestion was quite secured. When, therefore, in dyspepsia, the analysis of symptoms is obscure, the stomach-pump or tube should be resorted to, and when six or eight hours after a meal there are still found remains of food, and especially of flesh-food, the acid should be experimentally administered. The tube employed should be thirty centimetres in length.—*Med. Times and Gaz.*, Nov. 6, 1875.

33. *Diabetic Phosphaturia.*—M. J. TEISSIER, of Lyons, has recently published a monograph, the object of which is to show that there exists a grave constitutional state signalized by polyuria, wasting, and other symptoms of diabetes without the presence of sugar in the urine, but with a large excess of earthy phosphates. The normal quantity of phosphates excreted in twenty-four hours is about ten to twenty grains, but in this affection the salt has been observed to reach from four to ten times that amount. The cases of phosphatic polyuria were first observed by M. Teissier *père*, two or three years ago, in which there were the constitutional symptoms of diabetes, with the passage of large quantities of urine, but no sugar; the specific gravity being low (about 1012), and the amount of phosphates being largely in excess of the normal. In one such case, in which there was as much as 450 grains excreted per diem, the patient was attacked with neuro-retinitis and subretinal œdema, *followed* by albuminuria. The albuminuria diminished, but the phosphaturia continued, so that the case is compared to albuminuria complicating diabetes. Another case is given in which traces of sugar as well as of albumen occurred in the course of the affection, but the excretion of phosphates persisted. The author inquires whether "diabetes insipidus" may not be phosphatic polyuria. It is worthy of note that Dr. Dickinson, in his recent work on Diabetes, records excess of phosphates in the insipid form of that disease.

M. Teissier further points out, in confirmation of his view (which he expresses very cautiously), that there may be a "phosphatic polyuria resembling diabetes," that this condition leads to grave disturbances of nutrition, notably cataract, in the same manner that diabetes does. He has analyzed the urine in many cases of cataract, and in some has found excess of phosphates in the urine. He gives an outline of three cases of double cataract in which phosphaturia was present, in all of which operative interference led to ill results, and points out that in none of these cases was there any disease of the osseous or nervous system, while the fact of the cataract being double indicated some diathetic state. He affords no explanation as to the starting point of the affection, but contents himself with propounding the question that it may be due to over-acidity of the blood favouring the solution of phosphates in the economy, or to a morbid activity of the nervous system by which more phosphates are used up in the nutrition of the nervous centres.—*Lancet*, Oct. 9, 1875.

34. *Boracic Acid in the Treatment of Ringworm.*—Surgeon-Major WATSON reports in the *Indian Medical Gazette* that he has lately employed boracic acid with very great success as an external application in the treatment of the dermatophyta or vegetable parasitic diseases of the skin. He was induced to try this remedy from witnessing its employment as an antiseptic in the Edinburgh Infirmary wards. The diseases in which he has hitherto used boracic acid have been the different forms of tinea (T. tonsurans and circinata), and in that very troublesome form of the disease which affects the scrotum and inner side of the upper part of the thighs of many Europeans in India. Dr. Watson declares that the external application of a solution of boracic acid acts like a charm in such cases. An aqueous solution of boracic acid of a drachm to the ounce, or as much as the water will take up at ordinary temperatures, is employed. The affected parts should be well bathed with the solution twice daily, some little friction being used, and it should not be wiped off, but allowed to dry on the part. The remedy is said to be so simple, cheap, and efficacious,